

Submittal accepted and verified by:

Planning Staff Signature

**Department of City Development
City of Franklin**
9229 W. Loomis Road
Franklin, Wisconsin 53132
(414) 425-4024 ♦ Fax (414) 427-7691
generalplanning@franklinwi.gov

Date Stamp:

**SUBMITTAL PROCEDURES AND CHECK LISTS FOR
REZONING REVIEW**

Ashley Booth, Planner 9229 W. Loomis Road Franklin, WI 53132	Tere Wilson, Secretary Monday – Friday 8:30 a.m. to 5:00 p.m. twilson@franklinwi.gov	Ryan Mentkowski, Planner (414) 425-4024 Fax (414) 427-7691
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All Rezoning applications must be prepared in accordance with the instructions and information requirements contained herein as well as requirements of the City of Franklin Unified Development Ordinance (UDO).

A pre-application conference is required prior to application submittal. Concerns including zoning, land use, access, environmental preservation, grading, etc. may be addressed.

- ☐ **Submittals by appointment only.** Please call Planning Secretary for appointment.

Application packets shall include: *(Staff may require additional information as needed.)*

- ☐ **Completed Application Form**
- ☐ **Processing Fee**, payable to City of Franklin
- ☐ \$1,250 or ☐ \$350.00 (1 parcel Residential)
- ☐ **Owner Verification** If the applicant is not the owner of record, the legal owner's signature must be on the application OR a letter of authorization from the owner must accompany the application.
- ☐ **Rezoning UDO Plan Review Checklist** Completed, signed and attached. (see attachment)
- ☐ **Letter of Intent and Project Description** showing the relationship of proposed rezoning to the City's adopted Comprehensive Master Plan, detailed neighborhood or planning district plans.
- ☐ **Submittal Copies** A submittal is not complete and will not be reviewed until correct number of sets, collated and folded to 8-1/2" x 11", are submitted:
- ☐ **Ten (10)** full-sized sets of the Plat of Survey.
- (Not required if rezoning is being submitted along with application for Planned Development District, Preliminary Plat, Special Use or Certified Survey Map.)*
- ☐ **Legal Description** Please type or print legibly on a separate sheet of paper.

Caution: NO disturbance of land, including grading, brush cutting and filling, without submittal of a Natural Resource Protection Plan, is allowed.

Incomplete applications will not be accepted.

When completed application is submitted which meets all City requirements and requirements of the City of Franklin Unified Development Ordinance, the application will be placed on a Plan Commission agenda for Public Hearing and review process will begin.

Following Public Hearing, the Rezoning request will be placed on the next regular Plan Commission meeting for recommendation to Common Council.

Within 30 days of Plan Commission recommendation of approval or denial, the application will be forwarded to Common Council for action. Common Council may approve or deny the rezoning request. (If the rezoning request is rejected, the reason shall be stated in the minutes of the meeting and a written statement forwarded to the applicant.)

Approved Rezoning Ordinance will be mailed the Milwaukee County Register of Deeds to be recorded.

A copy of the recorded Ordinance with Document information will be mailed to the owner or agent address.

**City of Franklin Department of City Development
General Submittal Information**

Caution: NO disturbance of land, including grading, brush cutting and filling, without submittal of a Natural Resource Protection Plan, is allowed.

1. A pre-application conference is required before submittal of the application. Please contact the Planning Department to schedule this conference. No applications will be accepted until the pre-application conference has been held.
2. Application submittal is by appointment only. When submittal material is deemed complete and correct by Planning staff, the review process will begin.
 - ❖ Applicant must schedule a Staff Review Conference thru the Planning Secretary. Applicant must be present at the Staff Review Conference.
3. **Staff Review Conference.** Staff will meet with the applicant and/or the applicant's consultant(s) to provide comments.
4. **Revised Plans.** Applicant must submit copies of revised plans for review as soon as revisions are completed.
5. **Staff Review of Revisions.** Staff will complete review of revised plans within one (1) week of submittal.

If Staff finds revisions to be complete and correct, the applicant will be contacted and advised that they can bring in complete collated copies (22) for the next Plan Commission meeting agenda. Plan Commission packet copies must submitted no later than 4:00 p.m. the Thursday before the next meeting.

Should you have any questions concerning the application or any other aspect of the review process, please contact the Planning Department during the hours indicated above.



City of Franklin – Department of City Development Rezoning Application

Project Name _____

PROPERTY INFORMATION

Tax Key Number(s) _____

Property Address or Section & 1/4 Section _____

Current Zoning _____ Proposed Zoning (*if applicable*) _____

Present Use _____ Intended Use _____

PROPERTY OWNER(s) (Use separate sheet to list multiple owners, such as all owners of limited partnership or land trusts)

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email Address _____

APPLICANT If the applicant is not the owner of record, the legal owner/owners' signature must be on the application OR a letter of authorization from the owner must accompany the application.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email Address _____

CONTACT PERSON FOR PROJECT

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email Address _____

Applicant agrees that any approval issued on representations made in this submittal, and any subsequently issued building permits or other type of permits may be revoked without notice if there is a breach of representations or conditions of approval. Applicant/owner by signature understands and accepts responsibility for completion of all required on-site and off-site improvements as shown and approved on final plan (including landscaping, paving, lighting, etc.) prior to receiving a Certificate of Occupancy.

By the execution of this Application, Applicant authorizes the City of Franklin or its agents to enter upon the property between 7:00 a.m. and 7:00 p.m. daily for the purpose of inspection. Applicant grants this authorization even if Applicant has posted this property against trespassing pursuant to Section 943.13 Wis. Stats.

Applicant hereby certifies that: (1) All statements and other information submitted as part of this application are true and correct to the best of Applicant's knowledge; and (2) APPLICANT HAS READ AND UNDERSTANDS ALL INFORMATION IN THIS PACKET.

Applicant Signature: _____ **Date:** _____

Owner's Signature: _____ **Date:** _____

Owner's Signature: _____ **Date:** _____





REZONING CHECKLIST

Date of Submittal	
Tax Key ID #	
Project Name	

[illegible]**Staff Notes**

Reviewer's Initials:



City of Franklin

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